AUG 1 8 2007 Dunder the some

Name (Print/Type) Carl Schaukowitch

PTO/SB/17 (05-07)
Approved for use through 05/31/2007. OMB 0651-0032
I Trademark Office: U.S. DEPARTMENT OF COMMERCE

Date

August 13, 2007

| Under the Sperwork Red | uction Act of 1995. | no person are req | uired to res | U.S. Patent pond to a collection | and Tradem n of informati | ark Oπice; U.S. DE on unless it display | s a valid OMB | control number | |
|---|-----------------------|------------------------------------|--------------|-------------------------------------|------------------------------|--|---------------|----------------|--|
| Effective on 12/08/2004. | | | | Complete if Known | | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Number | | 10/697,004-Conf. #8250 | | | |
| FFF TR | ANSM | ΤΤΔΙ | F | iling Date | - 1 | October 31, 20 | 003 | | |
| FEE TRANSMITTAL | | | | First Named Inventor | | Hirohisa TASHIRO | | | |
| For FY 2007 | | | | Examiner Name R. Hsu | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit 3 | | 3714 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 | | |) / | Attorney Docket No. SHO-0024 | | | u | | |
| METHOD OF PAYME | NT (check all th | nat apply) | | | | | | | |
| Check Credit | Card M | oney Order | None | Other (| please iden | tify): | - | | |
| X Deposit Account De | posit Account Numb | er: 18-0013 De | posit Accou | nt Name: | Rader, | Fishman & G | rauer PLLC | ; | |
| For the above-ide | | | | | ed to: (chec | k all that apply) | , | | |
| | s) indicated belo | | | | • | dicated below, e | | e filing fee | |
| | additional fee(s | | nents of | x Credit | any overp | ayments | | | |
| FEE CALCULATION | 07 011(1.10 (| | | | | | | | |
| 1. BASIC FILING, SEARC | H, AND EXAM | INATION FEE | s | | | | | | |
| Application Type | | G FEES Small Entity Fee (\$) | SEAF | RCH FEES Small Entity Fee (\$) | EXAMIN Fee (\$) | NATION FEES Small Entity Fee (\$) | | aid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 1 663 1 | aru (ψ) | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | ····· | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | - | |
| Provisional | 200 | 100 | 0 | 0 | 000 | 0 | ••• | | |
| 2. EXCESS CLAIM FEES | | 100 | Ū | v | v | V | | Small Entity | |
| Fee Description | | | | | | | Fee (\$) | Fee (\$) | |
| Each claim over 20 (inclu | ding Reissues) | | | | | | 50 | 25 | |
| Each independent claim o | ver 3 (includin | g Reissues) | | | | | 200 | 100 | |
| Multiple dependent claim | s | | | | | | 360 | 180 | |
| Total Claims Extr | a Claims F | ee (\$) | Fee Pa | id (\$) | M | ultiple Depend | ent Claims | | |
| 4 - 40 = | x | | | | Fe | e (\$) | Fee Paid (\$ | 1 | |
| HP = highest number of total c | laims paid for, if gr | eater than 20. | | | | | | | |
| Indep. Claims Extr | a Claims F | ee (\$) | Fee Pa | id (\$) | | • | | | |
| 2 -6= | × | = | | | | | | | |
| HP = highest number of indep | • | for, if greater than | 3. | | | | | | |
| 3. APPLICATION SIZE FI | | d 100 -b | S | | :11 C | 1 | | | |
| If the specification and c listings under 37 CFF sheets or fraction the | (1.52(e)), the a | pplication size | fee due | is \$250 (\$125 f | | | |) | |
| Total Sheets | Extra Sheets | | f each add | litional 50 or frac | | | Fee I | Paid (\$) | |
| 4. OTHER FEE(S) | ' | | (| ound up to a Will | (Tallibel) | ^ | Fees | Paid (\$) | |
| Non-English Specifica | tion, \$130 fee | (no small enti | ity discou | nt) | | | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | | | | | | | 1,020.00 | | |
| SUBMITTED BY | 7 | | | | | | | | |
| Signature (11) | | | | egistration No. Attorney/Agent) | 29,211 | Telephone | (202) 95 | 5-3750 | |

PTO/SB/22 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE
on Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CF | Docket Number (Optional) | | | | | | | |
|---|--------------------------|--------------------------|---|--|--|--|--|--|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005) | 5п | O-0024 | | | | | | |
| Application Number 10/697,004-Conf. #825 | Filed O | led October 31, 2003 | | | | | | |
| For GAMING MACHINE | | | | | | | | |
| Art Unit 3714 | | Examiner | R. Hsu | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | | |
| One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ | | | | | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ ———————————————————————————————————— | | | | | |
| | \$1020 | \$510 | \$ 1.020.00 | | | | | |
| | \$1590 | \$795 | \$ | | | | | |
| | | | · ——— | | | | | |
| Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ | | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | |
| A check in the amount of the fee is enclosed. | | | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | | | | | | |
| Deposit Account Number 18-0013 | . I have enclo | osed a duplicate cop | by of this sheet. | | | | | |
| I am the applicant/inventor. | | | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | | |
| x attorney/or agent of record. Regis | • • | • | <i>,</i> | | | | | |
| \equiv / / \sim | | | | | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | | | | |
| (ail-Xe | August 13, 2007 | | | | | | | |
| Signature | Date | | | | | | | |
| Carl Schaukowitch | (202) 955-3750 | | | | | | | |
| Typed or printed name Telephone Number | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| Total of form is submitted. | | | | | | | | |

08/14/2007 MAHRED1 00000139 180013 10697004 81 FC:1253